EXECUTIVE SUMMARY

- In 2015, Michigan ranked 15th out of 51 U.S. states and the District of Columbia in drug overdose mortality.[1] Nearly 20% of Michigan's overdose deaths between 2009-2012 were opioid-related.[2]
- In 2016, the National Safety Council, examining key indicators of progress addressing the opioid epidemic nationally, found that Michigan was 1 of 3 states that had met zero indicators of progress, highlighting the need to address this critical public health problem within Michigan.[3]
- The U-M Injury Center Policy Workgroup conducted a review of the current medical and public health literature, as well as the gray literature and current pending legislative proposals, to understand the state of the opioid epidemic in Michigan and the status of state-level policies addressing the epidemic within seven key focus areas. Based on this review, best practice recommendations from other states, and the series of stakeholder interviews conducted, we developed a series of Michigan-specific recommendations that could have maximal impact curtailing the current epidemic. Recommendations are summarized below and include:

PRESCRIBING GUIDELINES

- Mandate pain management and safe opioid prescribing education for trainees (i.e., medical students, medical/surgical resident trainees) and continuing education requirements for all licensed providers (e.g., physicians, dentists, nurses, social workers) regardless of specialty.
- Require state licensing organizations (e.g., Board of Medicine, Board of Dentistry, etc.) to adopt the 2016 CDC **chronic pain management** guidelines and a set of newly developed **acute care prescribing** guidelines that are tied to licensing and continuing medical education.

PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)

- Mandate provider PDMP registration at the time of controlled substance licensing and mandate provider PDMP use prior to prescribing controlled substances.
- Provide incentives that enhance public-private partnerships that integrate PDMP data into electronic health records to promote provider use while limiting impact on physician workflow.
- Provide unsolicited feedback on prescribing data to providers on a quarterly basis, including specialty-specific feedback and linkage to continuing education resources.
- Allow MAPS (Michigan Automated Prescribing System) data to be available to public health researchers and enhance efforts to link data across multiple data sources.
- Engage state and national lawmakers to improve the interconnection of state PDMPs so that clinicians are able to review medications prescribed to patients within neighboring states.
- Electronically scan prescription dispensing information when pharmacists input data into the PDMP to minimize entry error and increase turnaround time for data availability to prescribers.
- Generate, validate, and continually audit algorithms for high-risk medication fill patterns (e.g., doctor shopping) to be flagged in patient PDMP records.
- Encourage PDMP use to refer patients with high-risk prescription patterns to addiction treatment services.

PHARMACY BENEFIT MANAGERS (PBMs) and PHARMACIES

- Expand "lock-in" programs to include Medicare and non-governmental insurance enrollees, while examining mechanisms to limit unintended consequences of such programs (e.g., increased out-of-pocket prescription opioid fills to avoid "lock-in" program restrictions).
- Provide resources to support the expansion of electronic prescribing throughout Michigan.
- Improve hospital, pharmacy, and insurance formulary coverage of non-opioid alternatives, including non-opioid medications and behavioral therapies to treat pain.

- Consider legislation increasing pharmacist discretion on dispensing controlled substances when they suspect doctor shopping or fraudulent prescriptions.

ADDICTION TREATMENT

- Provide additional funding to address barriers to accessing medication-assisted treatment (MAT) for patients with opioid addiction.
- Consider state-level reimbursement for behavioral health counselors to be available on-site at community mental health sites and strategically located primary care sites providing MAT.
- Provide additional funding to pay for physician buprenorphine training and waivers that increase the number of patients who have access to licensed providers.
- Reinforce the need at the state and national level for policies that continue to include medication-assisted treatment (MAT) as an essential health insurance benefit.
- Consider greater state-level enforcement of mental health parity laws to ensure that all health care plans are covering addiction treatment services on par with medical services.
- Expand the capacity for opioid addiction treatment in underserved settings, such as prison and jails, including access to behavioral therapy and MAT.
- Expand funding (beyond the State Targeted Response [STR] to opioids initiative) aimed at improving access to MAT treatment options in communities without local treatment options.
- Consider telemedicine approaches, and subsequent necessary policies for reimbursement, that increase reach of addiction treatment specialist to underserved communities.
- Encourage clinicians and providers to provide information on substance use disorder services to patients treated for an opioid-related overdose.
- Encourage healthcare provider training in addiction and medication-assisted therapy (MAT), through state medical schools and continuing medical education of licensed providers.

COMMUNITY-BASED PREVENTION STRATEGIES

- Support greater public awareness of the risks of prescription opioid abuse, especially among adolescents, adults, and elderly patient populations.
- Develop and promote safe, secure medication disposal facilities in non-law enforcement-associated sites and integrate take-back programs into acute healthcare settings.
- Support greater public awareness and knowledge of current Michigan take-back programs.
- Mandate that opioids are dispensed with warning labels about risks of addiction and overdose, as well as instructions on safe storage and options for safe disposal.

OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION PROGRAMS

- Encourage additional pharmacies to make intranasal naloxone available over-the-counter (OTC) to expand access to naloxone for overdose prevention.
- Recommend that ED patients treated for an opioid overdose be provided with an overdose (naloxone) kit and instructions for families or acquaintances, as well as referral to addiction treatment programs providing MAT and behavioral health services.
- Support pilot programs for publicly available naloxone (analogous to AEDs) in places where overdoses frequently occur (e.g., public and fast food restaurant restrooms, libraries).
- Expand public awareness of laws limiting civil liabilities for bystander naloxone administration and providing immunity for offences discovered during bystander overdose reporting.

SURVEILLANCE

- Expand funding for the development and implementation of high-quality real-time surveillance systems for identifying fatal and non-fatal overdose events.
- Conduct surveillance of rates of opioid use disorders (e.g., dependence) to identify geographic locations most in need of targeted prevention and treatment services.
- Improve information sharing of de-identified data between local law enforcement and public health via surveillance systems to develop effective prevention initiatives.

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Background: Injury Control Research Centers

- *Injury (i.e., motor vehicle crash, concussion, prescription drug overdose, sexual violence, and youth violence) is the leading cause of death for people in the "prime of life" – ages 1 to 44.*
- *Injuries cost the nation more than $671 billion annually in medical and work lost costs* according to the CDC, yet most injuries are predictable and preventable.
- In 1987, the CDC began funding Injury Control Research Centers (ICRCs) in the National Center for Injury Prevention and Control (NCIPC) budget to reduce injury. It is now a standalone budget line in the NCIPC budget.
- ICRCs focus on advancing the science of injury prevention, supporting state health departments' local efforts, and partnering with the NCIPC to reduce injury.
- Despite the growing need for injury prevention efforts to address the epidemic of prescription drug overdose, rising incidence of concussion, and other issues, funding for these centers has decreased; today there are only ten centers (CDC initially envisioned a nationwide network of 20 centers.)

Impact: University of Michigan Injury Center's work on Prescription Drug Overdose

Michigan has experienced a 28% increase in drug overdose deaths in the past 2 years, surpassing motor vehicle deaths. The University of Michigan Injury Center is a leader in addressing the local and national opioid epidemic. We have:

- **Disseminated best-practices and approaches:** The Center hosted a December 2015 conference that provided up-to-date, vital information on best practices and approaches to 400+ state/community health professionals, law enforcement, and community members.
- **Developed evidence-based prevention intervention:** The Center has developed an emergency-room intervention that can be used nationwide to identify potential overdose risk and provide tools to prevent future overdose. The tool is currently being translated into standard clinical practice at three sites in Washtenaw County, Michigan.
- **Examined the effects of Medicare coverage on overdose and falls:** The Center is conducting a study examining the effects of Medicare coverage for benzodiazepines on the rate of fall-related injuries and unintentional overdose among individuals age 65+ enrolled in Medicare Advantage plans.
- **Trained practitioners and clinicians on best prescribing practices and systems:** The Center has held trainings on the Michigan Automated Prescription System (MAPS), which enables practitioners to determine if patients are receiving opioids from other providers and assists in the prevention of prescription drug abuse.
- **Collaborated with law enforcement to create surveillance system:** The Center has collaborated with law enforcement via the Michigan High Intensity Drug Trafficking Area (HIDTA) to create a real-time opioid overdose surveillance system.
- **Support State Health Department:** The Center supports the Michigan Department of Health and Human Services in bringing the newest science to practice.
- **Funded innovative research studies:** The Center has funded projects on:
    - Opioid Tapering Prior to Total Knee and Total Hip Arthroplasty
    - Tailoring Opioid Prescribing after Major Trauma
    - Impact of Legislation & Policies on Prescription Opioid Overdose Rates
    - Prescription Opioids and Driving Risk

Exponential ROI

U-M Injury Center researchers have generated more than 15 times the amount received from the CDC to support research, link research to practice, and disseminate prevention strategies. We multiply the CDC investment to maximize benefit to the region and nation.

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System for Opioid Overdose Surveillance (S.O.S.)

Since 2011, deaths from opioid prescription painkillers have sustained epidemic levels, surpassing deaths from heroin and cocaine combined.[1] In Michigan, opiate abuse and overdose continues to increase and includes many deaths due to illegally obtained drugs, in addition to prescribed ones.

Goal of Project

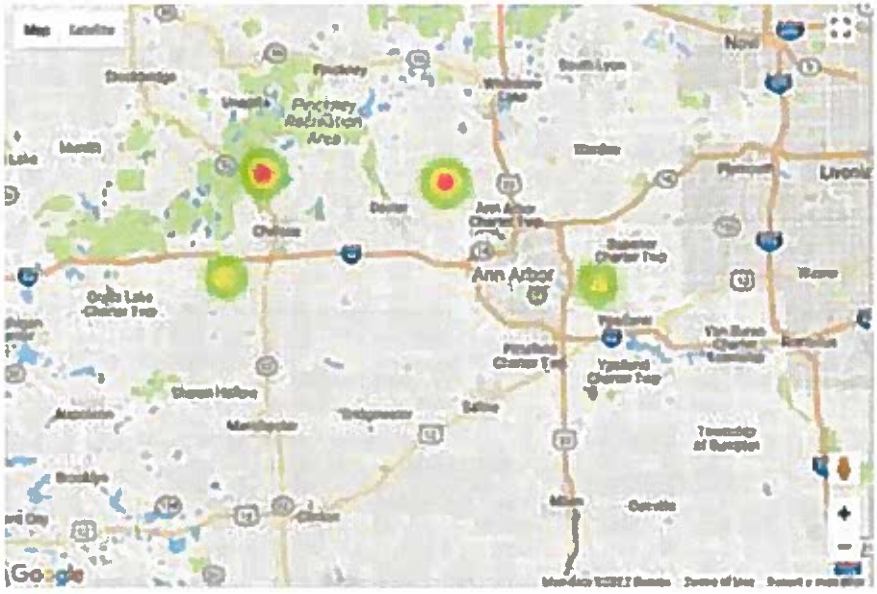
The goal of this project is to create a real-time surveillance system of fatal and non-fatal overdoses in Washtenaw County, MI. This system will link data from emergency departments, EMS, and medical examiners. There is currently no coordinated system in place to track real-time overdoses that are occurring. Real-time data such as this, could be used to:

- Understand the scope of the opioid epidemic more clearly
- Provide quick law enforcement and public health action on "hotspots"
- Evaluate points of contact with the healthcare system over time

Task Force and Partnership

- The Michigan High Intensity Drug Trafficking Area (HIDTA): a coalition of public safety agencies across the nation working on state-specific drug control issues
- The University of Michigan Injury Center
- The University of Michigan Acute Care Research Unit (ACRU)

Screenshot of "Hotspot" Mapping



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1. Centers for Disease Control and Prevention. (2011, November). *Prescription Painkiller Overdoses in the US, CDC Vital Signs*. Retrieved from https://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html

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The Prescription Opioid Epidemic in Michigan

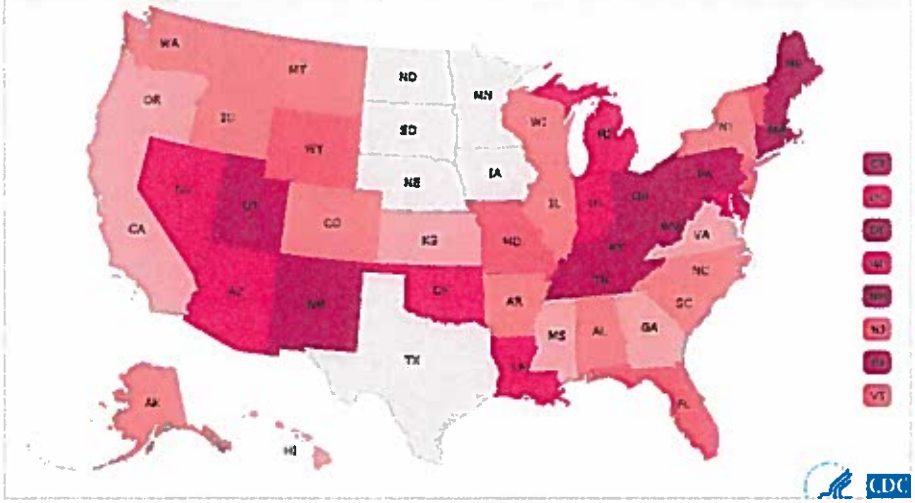
INJURY FACT SHEET

Opioids (prescription and illicit) are the main driver of drug overdose deaths. Since 1999, opioid overdoses have quadrupled in the U.S. and were involved in 33,091 deaths in 2015.[1]

Like other states in the industrial Midwest, Michigan has been significantly impacted by the prescription opioid epidemic.

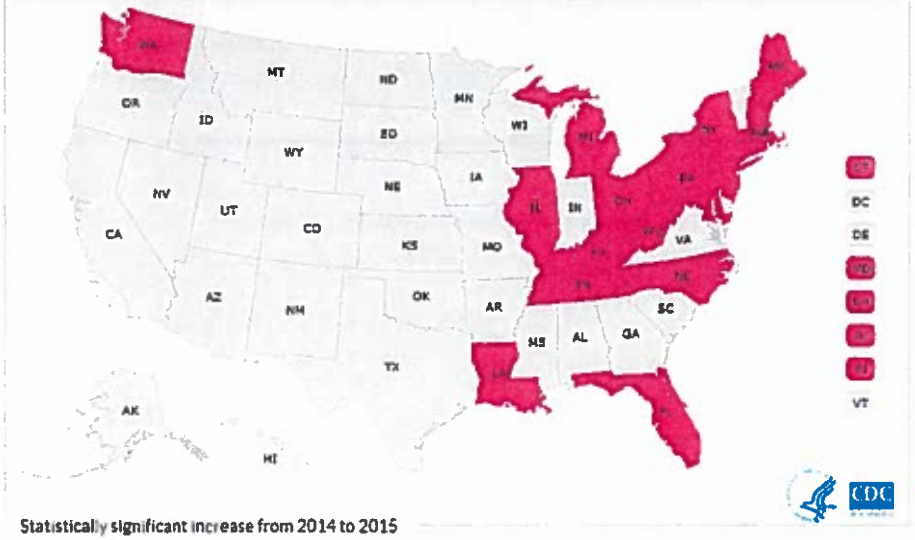
- In 2015, Michigan ranked 15th out of 51 U.S. states and the District of Columbia in drug overdose mortality (20.4 deaths per 100,000 people).[2]
- Michigan experienced a significant increase (13.3% increase) in the drug overdose death rate from 2014 to 2015.[2]

Number and age-adjusted rates of drug overdose deaths by state, US 2015*



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

Statistically significant drug overdose death rate increase from 2014-2015, US states*



Statistically significant increase from 2014 to 2015

No
Yes

*Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD–10). Drug-poisoning deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Age-adjusted death rates were calculated as deaths per 100,000 population using the direct method and the 2000 standard population.

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

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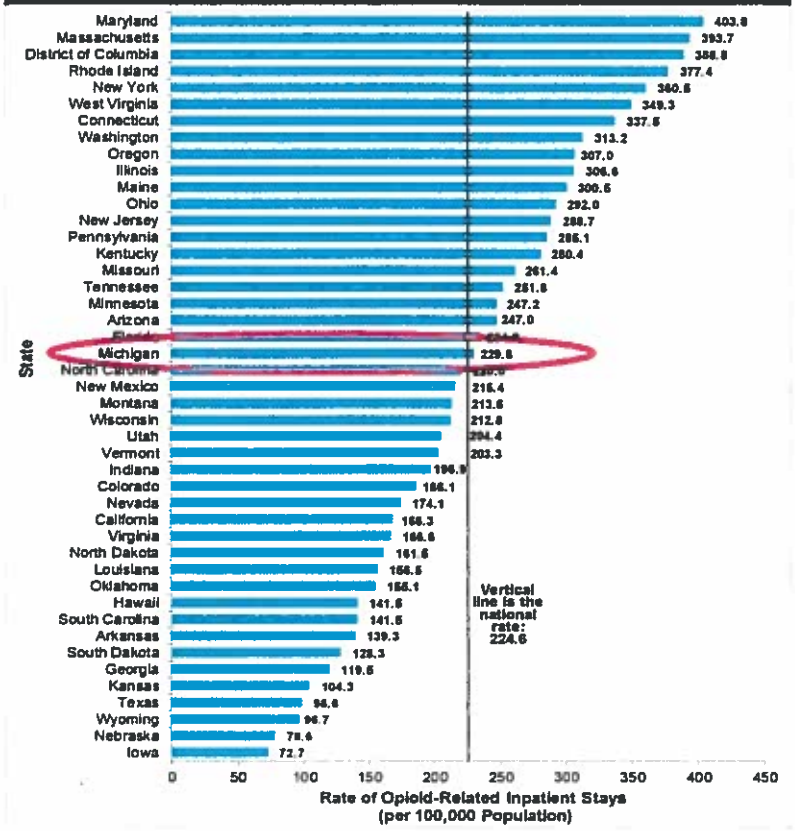
INJURY FACT SHEET

Opioid-Related Inpatient Stay by State (2014)[3]



Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), HCUP Fast Stats, Opioid-Related Hospital Use (http://www.hcup-us.ahrq.gov/faststats/landing.jsp) based on the HCUP National Inpatient Sample (NIS) and the HCUP State Inpatient Databases (SID)

Addiction Treatment

- Substantial evidence indicates that **Medication Assisted Treatment** (MAT; the combination of medications and therapy) for opioid use disorders is the most effective treatment for this condition, prevents overdoses, and saves lives. In Michigan and elsewhere, access to these treatments are limited.
- As one of the states that expanded Medicaid under the Affordable Care Act (ACA), Michigan subsidizes substance abuse treatment for eligible patients.
- As of 2013, Michigan had 479 physicians authorized to prescribe buprenorphine (4.8 per 100,000)
- Even with the ACA -70% of OTP = opioid treatment programs (and many do not offer medication assisted therapy) in MI are over 80% of capacity in 2015.
- Substance treatment covered by Medicaid may be threatened by legislation currently pending in Congress (the American Health Care Act) aimed at rolling back provisions of the ACA.

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1. Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep 2016;65:1445–1452. DOI: http://dx.doi.org/10.15585/mmwr.mm655051e1
2. Centers for Disease Control and Prevention/National Center for Health Statistics, National Vital Statistics System, Mortality. https://www.cdc.gov/nchs/nvss/deaths.htm. March 2017.
3. Weiss A, Elixhauser A, Barrett M, Steiner C, Bailey M, O'Malley L. *Opioid-Related Inpatient Stays and Emergency Department Visits By State, 2009-2014. HCUP Statistical Brief #219.* Rockville, MD: Agency for Healthcare Research and Quality; 2016:1-16. Available at: https://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.pdf. Accessed March 16, 2017.

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